Iowa Division of Labor Athletic Commission 1000 East Grand Avenue Des Moines,

IA 50319-0209

Phone: 515-725-5602 Fax: 515-281-5361

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FOR OFFICE USE ONLY					
Event License Number:					
Event Attendees:					

## **Application for an Iowa Wrestling Event License**

This completed application and you \$100.00 non-refundable event license fee must be submitted to the lowa Division of Labor at the above address, no later than seven days prior to the event.

Promoter Business Name			Promoter Name				
Mailing Address				State	Zip		
Phone Number Cell Phone Number			Email Address				
Only One Event per	Application						
Event Date Event Location Name							
Event Location Address			Event City				
I have read Iowa Code Chapter 90A regulating the conduct of professional athletics and the Administrative Rules of the Athletic Commissioner and will conform to their requirements in all respects.							
I understand this license above.	authorizes me to co	onduct	this athletic event only	on the date and p	lace specified		
I understand I must file at Commission within 20 da payable to the Iowa Athle the address above.	ys after each event	t. The	Events Receipt Report	shall be accompa	inied by a check		
Promoter Signature				Date			